

2009 Montana Partnership Information and Composite Tax Return Attach a copy of federal Form 1065 and Schedule(s) K-1 alendar year 2009 or tax year beginning (MM-DD) - - 09 and ending (MM-DD-YY) -

Deady Family Partnership Mailing Address 1046 East Brodway City State FEIN: FEIN: Federal Business Code: 531190	For calendar year 2009	or tax year beg	וחחוng (שוחוו)	<u></u> - <u>u9</u> and e	enaing	(IVIMI-DD-YY)	
Malling Address 1046 Bast Brodway	Name	in.			1	a factorial de la companya de la com	
1046 East Brodway		тb			FEI	IN:	
Idea Montana Sp601 Date Registered in Montana: 01-01-05 Idea Date Idea Date Date Date Date Date Date Date Date Idea Date Date Date Date Date Date Date Date Idea Date Date Date Date Date Date Date Date Idea Date Date Date Date Date Date Date Date Date Idea Date Idea Date	•	المراجعة الم	If new add	ress, check here.	Fed	leral Business Code	531190
do not need the Montana Partnership Information Return and Instructions sent to me next year. a merguesting a refund with this tax return. Check if this is an initial return Check if this is an amended return flyou check the box above, check below all the reasons for amending your return: Reason for final return do not need the flyou check the box above, check below all the reasons for amending your return: Reason for final return do not need the flyou check the box above, check below all the reasons for amending your return: Reason for final return do not need the flyou check the box above, check below all the reasons for amending your return: Reason for final return do not need the flyou check the box above, check below all the reasons for amending your return: Reason for final return do not need the flyour changes (attach a statement explaining adjustments in detail) do not need the flyour changes (attach a statement explaining all adjustments in detail) do not need the flyour changes (attach stated check) do not need the flyour changes (attach stated check) do not need to need the flyour changes (attach stated heck) do not need the flyour changes (attach schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule D, Form 1065) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (attach detailed schedule) do not need the flyour changes (at	City	State		Zip + 4			
I am requesting a refund with this tax return. Check if this is an amended return Check if this is a finial return Check if this is a finial return Check if this is a finial return A Federal Revenue Agent Report (a complete copy of this report is required) a. Withdrawn a. A Federal Revenue Agent Report (a complete copy of this report is required) a. Withdrawn b. Apportionment factor changes (attach a statement explaining adjustments) b. Dissolved c. Amended federal return d. A mended composite re	Helena	Montana		59601	Dat	e Registered in Mon	tana: <u>01-01-05</u>
Check if this is an initial return Check if this is an amended return Check if this is a final return If you check the box above, check below all the reasons for amending your return: a. Withdrawn b. Apportionment factor changes (attach a statement explaining adjustments) b. Apportionment factor changes (attach a statement explaining adjustments) c. Amended rederal return d. Reorganized d. Amended composite return d. Reorganized d. Amended composite return d. Reorganized d. Amended composite return d. Reorganized d. Reorgani	l do not need the Montana Pa	rtnership Informa	ition Return and I	nstructions sent to me	next ye	ear.	
Check if this is a final return	Li am requesting a retund with	tnis tax return.					
1. Ordinary business income (loss)	Check if this is a final return Reason for final return: a. Withdrawn b. Dissolved c. Merged d. Reorganized] if y	ou check the box a. Federal Reve b. Apportionme c. Amended fed d. Amended co e. Other (attach	above, check below al enue Agent Report (a c nt factor changes (atta deral return mposite return a a statement explainin	comple ich a st	te copy of this report atement explaining a	is required)
2. Net rental real estate income (loss) (attach federal Form 8825)		•		•		1	
3. a. Other gross rental income (loss)							176,145
b. Expenses from other rental activities (attach schedule) c. Subtract line 3b from line 3a. This is your other net rental income or loss. 4. Guaranteed payments	Net rental real estate incor	ne (loss) (attach	federal Form 882	5)		2.	83,631
c. Subtract line 3b from line 3a. This is your other net rental income or loss. 4. Guaranteed payments. 4. 12,000 5. Interest income. 5. 1,089 6. Ordinary dividends. 6. 6 7. Royalties. 7. 8. Net short-term capital gain (loss) (attach federal Schedule D, Form 1065). 8. 9. Net long-term capital gain (loss) (attach federal Schedule D, Form 1065). 9. Net long-term capital gain (loss) (attach federal Schedule D, Form 1065). 9. Net section 1231 gain (loss) (attach federal Schedule D, Form 1065). 9. On the section 1231 gain (loss) (attach federal Form 4797). 10. 11. Other income (loss) (attach detailed schedule). 11. 12. Add lines 1 through 11 and enter result. This is your total share of income or loss. Partners' Shares of Deduction (Form 1065, Schedule K) 13. Section 179 deduction (attach federal Form 4562). 14. a. Contributions. 14a. b. Investment interest expense. 14b. c. Section 59(e)(2) expenditures. (attach detailed schedule). 14b. 15. Add lines 13 through 14d and enter result. This is your total share of deductions. Partners' Distributive Shares of Montana Additions and Deductions to Income 16. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions). 16a. b. Taxes based on income or profits. 16b. c. Other additions (attach detailed breakdown). 16c. Add lines 16a, 16b, and 16c; enter result. This is your total Montana additions to income. 16. a. Interest and dividends not losing cattach schedule). 17a. b. Deduction for purchasing recycled material (attach Form RCYL). 17b.	a. Other gross rental incor	ne (loss)		•••••	3a.		
4. 12,000 5. Interest income	 b. Expenses from other re 	ntal activities (at	tach schedule)	•••••	3b.		
5. Interest income .5. 1,089 6. Ordinary dividends .6. 650 7. Royalties .7. 8. Net short-term capital gain (loss) (attach federal Schedule D, Form 1065) .8. 9. Net long-term capital gain (loss) (attach federal Schedule D, Form 1065) .9. 6,440 10. Net section 1231 gain (loss) (attach federal Schedule D, Form 1065) .9. 6,440 11. Other income (loss) (attach detailed schedule) .11. .11. 12. Add lines 1 through 11 and enter result. This is your total share of income or loss. .12. .276,955 Partners' Shares of Deduction (Form 1065, Schedule K) 13. Section 179 deduction (attach federal Form 4562) .13. .14a.	c. Subtract line 3b from lin	e 3a. This is yo	ur other net rent	al income or loss		3c.	
5. Interest income	4. Guaranteed payments	••••		••••••		4.	12,000
6. Ordinary dividends	5. Interest income	•••••				5.	
7. Royalties							
8. Net short-term capital gain (loss) (attach federal Schedule D, Form 1065)							050
9. Net long-term capital gain (loss) (attach federal Schedule D, Form 1065)							
10. Net section 1231 gain (loss) (attach federal Form 4797)	-			•			
11. Other income (loss) (attach detailed schedule)							6,440
12. Add lines 1 through 11 and enter result. This is your total share of income or loss. Partners' Shares of Deduction (Form 1065, Schedule K) 13. Section 179 deduction (attach federal Form 4562) 14. a. Contributions							
Partners' Shares of Deduction (Form 1065, Schedule K) 13. Section 179 deduction (attach federal Form 4562)							
13. Section 179 deduction (attach federal Form 4562)				nare of income or los	s	12.	276,955
14. a. Contributions							
b. Investment interest expense							
c. Section 59(e)(2) expenditures. (attach detailed schedule)	14. a. Contributions	•••••				14a.	
d. Other deductions (attach detailed schedule)	 b. Investment interest exp 	ense		••••••		14b.	
15. Add lines 13 through 14d and enter result. This is your total share of deductions. Partners' Distributive Shares of Montana Additions and Deductions to Income 16. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions)	c. Section 59(e)(2) expend	ditures. (attach de	etailed schedule)	•••••		14c.	
Partners' Distributive Shares of Montana Additions and Deductions to Income 16. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions)	 d. Other deductions (attac 	h detailed sched	ule)	•••••	•••••	14d.	
16. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions)	15. Add lines 13 through 14d a	ind enter result.	This is your total	share of deductions	i	15.	
(see instructions)	Partners' Distributive Shares	of Montana A	dditions and D	eductions to Incon	ne	'	
b. Taxes based on income or profits					16a.		
c. Other additions (attach detailed breakdown)							
Add lines 16a, 16b, and 16c; enter result. This is your total Montana additions to income.					1		
17. a. Interest on U.S. government obligations (attach schedule)			•			ne. 16	
b. Deduction for purchasing recycled material (attach Form RCYL)17b.							**** ****
· · · · · · · · · · · · · · · · · · ·							
			•	•			
Add lines 17a, 17b, and 17c; enter result. This is your total Montana deductions to income			•			ome 17	
18. Subtract line 15 from line 12. Add the result to line 16, then subtract line 17 from that result. This is your net taxable income (loss).	18. Subtract line 15 from line 1	2. Add the result	to line 16, then s	ubtract line 17 from tha	at resul	lt. This is your net	276.955
Partners' Distributive Shares of Multistate Apportionment and Allocation	Partners' Distributive Shares	of Multistate	Apportionment	and Allocation			
19. Income apportioned to Montana. Multiply line 18 X % from Schedule I, line 5; enter the result19.					ne 5: e	nter the result 19	
20. Income allocated to Montana. Enter the income or loss allocated directly to Montana (see instructions)20.							
21. Add lines 19 and 20; enter result. This is the total Montana source income for multistate taxpayers21.							

Form PR-1 Page 2 Entity name Deady Family	Limited PtrTa	ax period ending_	12-31-2009	FEIN	
Calculation of Amount O	wed or Refund				. The second
Partnership Composite Retu	urn Tax				
22. Enter your Montana total	composite tax from	Schedule III, columr	ı F	22.	
Partner Backup Withholding	3			,	
23. Enter the amount of total	partner withholding	from Schedule III, co	olumn G	23.	
Partnership Montana Minera	al Royalty Tax Wi	thheld		ı	
24. a. Total Montana mineral	royalty tax withheld	as reported on fede	ral Form(s) 1099 24a.		
b. Mineral royalty tax with			, i		
c. Mineral royalty tax with Schedule IV			oorting on 24c.		
d. Add lines 24b and 24c	. This is the total mi	neral royalty tax with	held reported by		
			24d.		
e. Subtract line 24d from			neld attributable to nonre		
Return Payments		••••••	••••••	246.	
25. a. 2008 overpayment app	olied to 2009		25a		
b. 2009 estimated payme			1		
c. 2009 extension payme			i i		
d. Montana income tax w					
e. For amended returns of			ļ.		
f. For amended returns of		-	· '		
g. Add lines 25a through	25e, then subtract I	ine 25f and enter the			*** *** *** *** *** *** *** *** *** **
26. Add lines 22 and 23, ther				•	
Penalties and Interest (see		and 20g. 11110 10 y 01		para/20.	
27. a. Partnership informatio	=	enalty	27a		
b. Interest on underpaym	- ·	•	i		
c. Composite income tax		•	l l		
d. Late payment penalty		•			
e. Interest					
f. Add lines 27a through				27f	
Amount Owed or Refund		po			
28. Add lines 26 and 27f; ent	er the result here			28.	
29. If line 28 results in an am					
30. If line 28 results in an ove					
31. Enter the amount from line			-		· · · · · · · · · · · · · · · · · · ·
32. Subtract line 31 from line					
		1			
For Direct Deposit of your refund, complete 1,	#	2.	ACCT#		
2, 3, and 4. Please see 3. If usi	ng direct deposit, yo	ou are required to ma	ark one box. ▶ ☐ Che	ecking	inas
linate retiana an acces o			d outside of the United Sta	-	•
					
Marie, add	uress and telephone	number of paid pre	parer	☐ Check this box of your federal	
					ontana extension.
SSN, FEIN	N or PTIN:			1	
May the DOR discuss this tax ret	urn with your tax pre	eparer? Yes	□ No	. <u></u>	
This tax return has to be signed I		·			
	-, - g m paration	Declarati	•		
I, the undersigned general partner	er or limited liability of	company member of	the partnership for which	h this tax return is m	ade, hereby declare
that this tax return, including all a	accompanying sched	fules and statements	s, is to the best of my kno	owledge and belief a	true, correct and
complete return, made in good fa				· · · · · · · · · · · · · · · · · · ·	
Signature of general partner or LLC r	nember manager	Date	Printed name and title	T€	elephone number

Schedule III - Form PR-1, page 5 Entity name Deady Family Partnership Tax period ending _

Resident Partners

Section A:

12-31-2009

FEIN

Montana Partnership Information

Summary Schedule of Income and Supplemental Information

Agreement Consent For each nonresident partner, complete ONLY one of these three columns: F, G or H. Please refer to the instructions for Schedule III Partner Withholding (see instructions) 9 **1** е Д ~ N 4 Number of Resident Partners Number of Nonresident Partners Total Number of Partners □ yes ☐ yes Tax (from Schedule Composite Income IV, column J) Composite Income Tax: Partner Withholding: federal Schedule K-1) Federal Income from Entity (from 87,435 87,435 ш Nonresident Individual Partners or Second Tier Pass-Through Entity Partners (see instructions) Montana Source (see instructions) Montana Source 14,650 87,435 87,435 87,435 Income Income Ω Ownership % Ownership % 33 34 100 ပ ပ 34 33 33 Identification Number Identification Number SSN/FEIN SSN/FEIN m Ω FEIN HIN HIN FEIN HIN FEIN FEIN SŜN NSS NSS SSN FEIN SSN SSN SSN 95128 Total of Sections A and B, column C only 98034 1053 Rickenbacker Street Street Address or P O Box Street Address or P O Box 59601 Helena, Montana 59601 13300 125th Avenue NE City | State | Zip Code City | State | Zip Code Kirkland, Washington California 1046 East Broadway 1046 East Broadway Section A Totals Section B Totals Name Helena, Montana Name Jeffrey Deady Walter Deady Connie Deady Sharla Deady San Jose, Section B:

(year)

I

Fransfer the total from Column F to Form PR-1, page 2, line 22.

Transfer the total from Column G to Form PR-1, page 2, line 23.

Use additional sheets if necessary or you may use a document formatted similarly to Schedule III as a substitute.

For the year January 1 - December 31, 2009, or tax year beginning		and ending		*
Part 1 - Pass-Through Entity Information				
A Entity's federal employer identification number (FEIN)		Check applicable	hoves.	
B Entity's name and mailing address Deady Family Partnership		Form CLT-4S		nended K-1 nal K-1
1046 East Broadway	c	☐ Check this bo		
Helena, Montana 59601		partnership.	in tino io a pi	abholy traded
Part 2 - Partner/Shareholder Information	<u> </u>			
A Partner's/shareholder's identifying number (\$\$N/FEIN)	D Check this box	x if partner/sharehol	der is a nonres	sident:
B Partner's/shareholder's name and mailing address Connie Deady	•	ent, please check this agreement has been		tana Form PT-AGR, er/shareholder
1046 East Broadway	E Shareholder's	percentage of stock	ownership	%
Helena, Montana 59601	F Partner's:		ginning	Ending
	Profit	1.000		1.0000000 %
	Loss	1.000		1.0000000 %
C What type of entity is this partner/shareholder? Individual	Capital	1.000		1.0000000 %
Part 3 - All Partners/Shareholders–Montana Adjustments				
A Federal Schedule K-1 income (loss) minus deductions	A.	14,650	Information	only; see instructions.
B Montana additions to income	_			
Federally tax-exempt interest	B1			
2. Taxes based on income or profits			_	
3. Other additions. List type and amount	B3		_	
C Montana subtractions from Income				
Interest from U.S. Treasury obligations	C1		_	
Deduction for purchasing recycled material			_	
3. Other subtractions. List type and amount			_	
D Multistate pass-through entities				
Apportioned income. Income apportioned to Montana			Information	only; see instructions
Allocable income. Income allocated to Montana. List type a			Information	only; see instructions
E Total income taxable to partner/shareholder			Information	only; see instructions
Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source I			_	
Montana apportionment percentage		1 9	6 Information	only; see instructions
Ordinary business income (loss)		1,731	_	
Net rental real estate income (loss)		837	_	
4. Other net rental income (loss)		12,000	_	
5. Guaranteed payments		11	_	
6. Interest income	6.	7	_	
7. Ordinary dividends	7.	64		
8. Royalties	8.		-	
9. Net short-term capital gain (loss)				
10. Net long-term capital gain (loss)			_	
11. Net section 1231 gain (loss)	11		_	
12. Other income (loss). List type and amount	12			
Montana composite income tax paid on behalf of partner/shareholder	13,		_	
14. Montana income tax withheld on behalf of partner/shareholder	14		_	
Part 5 - Supplemental Information	_		<u>_</u>	
 Premiums for Insure Montana Small Business Health Insurance credit expenses 	1			
Film Production Credit expenses	2		_	
3. Mineral royalties tax withholding	3.		_	
4. Other information. List type and amount	4		_	
Part 6 - Montana Tax Credits and Recapture (If Applicable)	_		_	
Insure Montana Small Business Health Insurance credit. Business FEIN				
Health insurance for uninsured Montanans credit (Form HI)				
Contractor's gross receipts tax credit	_		_	
4. Other credit/recapture information. List type	and amount 4			

For the year January 1 - December 31, 2009, or tax year beginning	· · · · · · · · · · · · · · · · · · ·		and ending		•
Part 1 - Pass-Through Entity Information					
A Entity's federal employer identification number (FEIN)		Ch	eck applicable b	oxes:	
B Entity's name and mailing address Deady Family Partnership			Form CLT-4S Form PR-1	☐ Am	nended K-1 nal K-1
1046 East Broadway	ta	: 0	Check this box		
Helena, Montana 59601			partnership.		solidiy addod
Part 2 - Partner/Shareholder Information					
A Partner's/shareholder's identifying number (SSN/FEIN)	D Check this I	oox if pa	artner/shareholde	r is a nonres	sident:
B Partner's/shareholder's name and mailing address Walter Deady					tana Form PT-AGR,
1046 eat Broadway	1	_	ment has been fil	•	
Helena, Montana 59601	E Shareholde	r's perc	entage of stock o	wnership	%
Helena, Montana 33001	F Partner's:		Begi	nning	Ending
	Profit		~~~~~~~~~		33.0000000 %
C What type of entity is this partner/shareholder? Individual	Loss				33.0000000 %
	Capital		33.000	0000 %	33.0000000 %
Part 3 - All Partners/Shareholders-Montana Adjustments					
A Federal Schedule K-1 income (loss) minus deductions	A.		87,435	Information	only; see instructions.
B Montana additions to income	D4				
Federally tax-exempt interest Taxes based on income or profits	B1.				
3. Other additions. List type and amount	BZ.				
C Montana subtractions from Income					
Interest from U.S. Treasury obligations	C1				
Deduction for purchasing recycled material			——————————————————————————————————————		
3. Other subtractions. List type and amount					
D Multistate pass-through entities					
Apportioned income. Income apportioned to Montana	D1.			Information	only; see instructions
Allocable income. Income allocated to Montana. List type a	nd amountD2.				only; see instructions
E Total income taxable to partner/shareholder					only; see instructions
Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source In					, ,
Montana apportionment percentage			33 %	Information	only; see instructions
2. Ordinary business income (loss)	2.		57,138		•
3. Net rental real estate income (loss)	3.		27,598		
4. Other net rental income (loss)	4.		359		
5. Guaranteed payments	5.		215		
6. Interest income			2,125		
7. Ordinary dividends					
8. Royalties					
9. Net short-term capital gain (loss)					
10. Net long-term capital gain (loss)			_		
11. Net section 1231 gain (loss)					
12. Other income (loss). List type and amount					
13. Montana composite income tax paid on behalf of partner/shareholder					
14. Montana income tax withheld on behalf of partner/shareholder Part 5 - Supplemental Information	14.				
Premiums for Insure Montana Small Business Health Insurance credit expenses	4				
Fremuns for insure Montana Small Business Realth insurance credit expenses Film Production Credit expenses					
Mineral royalties tax withholding	ک				
4. Other information. List type and amount					
Part 6 - Montana Tax Credits and Recapture (If Applicable)					
Insure Montana Small Business Health Insurance credit. Business FEIN	1				
Health insurance for uninsured Montanans credit (Form HI)					
Contractor's gross receipts tax credit					
4. Other credit/recapture information. List type			· · · · · · · · · · · · · · · · · · ·		

For the year January 1 - December 31, 2009, or tax year beginning		6	and ending _		
Part 1 - Pass-Through Entity Information					
A Entity's federal employer identification number (FEIN)		Ch	eck applicable t	UXES.	
B Entity's name and mailing address Deady Family Partnership			Form CLT-4S Form PR-1		nended K-1 nal K-1
1046 East Broadway	c		Check this box		
Helena, Montana 59601	ľ	_	partnership.	ii iiiis is a pi	ubliciy iraded
Part 2 - Partner/Shareholder Information					
A Partner's/shareholder's identifying number (SSN/FEIN)	D Check this b	ox if pa	artner/shareholde	er is a nonres	sident:
B Partner's/shareholder's name and mailing address Sharla Deady			lease check this I ment has been fil		tana Form PT-AGR, er/shareholder
13300 125th Avenue NE			entage of stock of	· · · · · · · · · · · · · · · · · · ·	%
Kirkland, Washington 98034	F Partner's:	o polo	`	inning	Ending
Nikiana, washington 90034	Profit		33.000	00000%	33.0000000 %
	Loss				33.0000000 %
C What type of entity is this partner/shareholder? Individual	Capital				33.0000000 %
Dark 2 All Darkneys Chevels Ideas Mantena Adjustments	Сарнаі		133.000	70000 /6	33.0000000
Part 3 - All Partners/ShareholdersMontana Adjustments A Federal Schedule K-1 income (loss) minus deductions	Δ		87.435	Information	only; see instructions.
B Montana additions to income			0,,133	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	omy, see mondenous
1. Federally tax-exempt interest	B1.				
Taxes based on income or profits				•	
3. Other additions. List type and amount				•	
C Montana subtractions from Income				•	
1. Interest from U.S. Treasury obligations					
Deduction for purchasing recycled material				•	
3. Other subtractions. List type and amount				•	
D Multistate pass-through entities	•			•	
Apportioned income. Income apportioned to Montana	D1			Information	only; see instructions
Allocable income. Income allocated to Montana. List type a	nd amount D2			-	only; see instructions
E Total income taxable to partner/shareholder					only; see instructions
Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source In				, inionnation	only, see monucions
Montana apportionment percentage			33 %	Information	only; see instructions
Ordinary business income (loss)			57,138	·	only, see mondedions
Net rental real estate income (loss)			27,598		
4. Other net rental income (loss)			359		
5. Guaranteed payments			215	-	
6. Interest income				-	
7. Ordinary dividends			2,125	•	
				-	
8. Royalties				-	
9. Net short-term capital gain (loss)					
10. Net long-term capital gain (loss)				-	
11. Net section 1231 gain (loss)	11,			-	
12. Other income (loss). List type and amount	۱۷.			-	
13. Montana composite income tax paid on behalf of partner/shareholder	13.			-	
14. Montana income tax withheld on behalf of partner/shareholder	14.			-	
Part 5 - Supplemental Information				-	
Premiums for Insure Montana Small Business Health Insurance credit expenses Title Production Could response	1.			-	
2. Film Production Credit expenses	2.			-	
3. Mineral royalties tax withholding	3.			-	
4. Other information. List type and amount	4.			-	
Part 6 - Montana Tax Credits and Recapture (If Applicable)				-	
Insure Montana Small Business Health Insurance credit. Business FEIN	1.			-	
Health insurance for uninsured Montanans credit (Form HI)	2.			-	
3. Contractor's gross receipts tax credit	3.			_	
4. Other credit/recapture information. List type	and amount4.				

For the year January 1 - December 31, 2009, or tax year beginning		$_$ and ending $_$		·
Part 1 - Pass-Through Entity Information				
A Entity's federal employer identification number (FEIN)		Check applicable b	oxes:	
B Entity's name and mailing address Deady Family Partnership		Form CLT-4S Form PR-1	☐ An	nended K-1
1046 East Broadway			☐ Fir	
Helena, Montana 59601	c	Check this box	if this is a p	ublicly traded
ricina, worthand 35001		partnership.		
Part 2 - Partner/Shareholder Information				
A Partner's/shareholder's identifying number (SSN/FEIN)	D Check this box	if partner/shareholde	er is a nonre	sident:
B Partner's/shareholder's name and mailing address	If a nonresiden	t, please check this	box if a Mon	tana Form PT-AGR,
Jeffrey Deady	nonresident ag	reement has been fi	led for partn	er/shareholder 🚨
1053 Rickenbacker Street	E Shareholder's r	percentage of stock of	wnership	%
San Jose, California 95128	F Partner's:		inning	Ending
	Profit	33.000	00000 %	33.0000000
	Loss	33.000	00000 %	33.0000000
C What type of entity is this partner/shareholder? <u>Individual</u>	Capital	33.000	0000 %	33.00000009
Part 3 - All Partners/Shareholders–Montana Adjustments	•			<u></u>
A Federal Schedule K-1 income (loss) minus deductions	٨	87,435	Information	only; see instructions
B Montana additions to income	······································	07, 1 33	. imormation	only, see instructions
Federally tax-exempt interest	R1			
2. Taxes based on income or profits	В2. —			
3. Other additions. List type and amount	B3.			
C Montana subtractions from Income			•	
1. Interest from U.S. Treasury obligations	C1.			
Deduction for purchasing recycled material	C2. —		,	
3. Other subtractions. List type and amount	C3.	*	ı	
D Multistate pass-through entities		· · · · · · · · · · · · · · · · · · ·	•	
1. Apportioned income. Income apportioned to Montana	D1.		Information	only; see instructions
2. Allocable income. Income allocated to Montana. List type a	nd amountD2.		•	only; see instructions
E Total income taxable to partner/shareholder			•	only; see instructions
Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source I	ncome (Loss)		•	
Montana apportionment percentage		33 %	Information	only; see instructions
Ordinary business income (loss)		57,138	'	
3. Net rental real estate income (loss)		27,598		
4. Other net rental income (loss)		359	,	
5. Guaranteed payments	5. <u> </u>	215		
6. Interest income		2,125	•	
7. Ordinary dividends	^{7.} —		•	
8. Royalties	8. <u> </u>			
9. Net short-term capital gain (loss)	······9. <u> </u>			
10. Net long-term capital gain (loss)			-	
11. Net section 1231 gain (loss)				
12. Other income (loss). List type and amount	······ 12. —			
13. Montana composite income tax paid on behalf of partner/shareholder				
14. Montana income tax withheld on behalf of partner/shareholder Part 5 - Supplemental Information	14. —			
1 Promises for Insure Montage Small Dusiness Health Insurence credit expenses	, -			
Premiums for Insure Montana Small Business Health Insurance credit expenses Film Production Credit expenses	······································		•	
Mineral royalties tax withholding	······································			
4. Other information. List type and amount				
Part 6 - Montana Tax Credits and Recapture (If Applicable)	" .	*******	•	
Insure Montana Small Business Health Insurance credit. Business FEIN	1		•	
Health insurance for uninsured Montanans credit (Form HI)			-	
Contractor's gross receipts tax credit	3.		-	
4. Other credit/recapture information, List type	and amount 4		•	

Second		10	65		U.S. F	Return of Part	nersl	nip Ind	come		OMB No. 1545-00	099
A Principal bisaniess activity Retail Set Hestail Use the	Depart			For cale		year beginning	,	2009, endi		·	2009)
Barbinst product or service Babel.				l lande	Name of partnership						D Employer identification	n number
B Principal productor service Real Estate C Business code number 531190 C C C Business code number 531190 C C C C Business code number 531190 C C C C C C C C C C C C C C C C C C C	Reta	il		ľ	Deady Family Limi	ted Partnership			0			
Check applicable boxes: (1) Initial return (2) Files etum (3) Name change (4) Additises change (5) Amended return (6) Technical termination, also check (2) or (2) Additises change (5) Amended return (6) Technical termination, also check (2) or (2) Additises change (5) Amended return (6) Technical termination, also check (2) or (2) Additises change (5) Amended return (6) Technical termination, also check (2) or (2) Other (specify) Additises change (5) Amended return (6) Technical termination, also check (2) or (2) Other (specify) Other (sp				label.			oox, see th	ne instructio	ons.		B .	ted
G Check applicable boxes: (1) initial return (2) Fiftal return (3) Vane change (4) Address strappe (5) Amended return (6) Technical termination, also check (1) or (2) H Check accounting method: (1) Cash (2) Acqual (3) Other (sepecity) Number of Schedules N. Attach one for each paragraphy of the second	C Bu	siness co	de number	i .	City or town, state, a	nd ZIP code					F Total assets (see the	
G Check applicable boxes: (1)	5311	190			Helena, MT 59601		R	2			instructions)	1
Caution. Include only trade or business income and expenses on mas 1a through 22 below. See the instructions for more information.		Check	accounting	method:	(6) ☐ Technical te (1) ☑ Cash	rmination also check (1) or (2)	(3)(Other (specify)	change		-L
1a Gross receipts or sales 1b 1c 2 2 2 3 3 3 3 3 3 3	J	Check	if Şchedule	s C and M	1-3 are attached .		9) N					. 🗆
Description	Caut	tion. Inc	lude only	trade or b	ousiness income and	d expenses on lines 1a	through	22 belov	v. See the instruction	ons for n	nore information.	
2 Cost of goods sold (Schedule A, line B) 3 Gross profit. Subtract line 2 from line 16 4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) . 4 131,018 5 Net farm profit (loss) (attach Schedule F (Form 1040)) . 5 6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) . 6 7 Other income (loss) (attach statement) . 7 43,544 8 Total income (loss). Combine lines 3 through 7 . 8 174,562 9 Salaries and wages (other than to partners) (less employment credits) . 9 10 Guaranteed payments to partners . 10 11 Repairs and maintenance . 11 11 Bad debts . 12 12 Bad debts . 12 13 Rent . 13 14 Taxes and licenses . 14 15 Interest . 15 16a Depreciation (if required, attach Form 4562) . 15 17 Depletion (Do not deduct oil and gas depletion.) . 17 18 Retirement plans, etc 18 19 Employee benefit programs . 19 20 Other deductions (attach statement) . 20 1,4417 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 . 1,4417 22 Ordinary business income (loss). Subtract line 21 from line 8 Sign Here Paid Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company member manager Preparer's Signature of general partner or limited liability company		1a	Gross re	ceipts or	sales		V.	1a				T
Gross profit. Subtract line 2 from line 1c. 4 Gross profit. Subtract line 2 from line 1c. 4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement). 5 Net farm profit (loss) (attach Schedule F (Form 1040)) 6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797). 6 Other income (loss) (attach statement). 7		b			A STATE OF THE PARTY OF THE PAR			1b		1c		
Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 7 Other income (loss). Combine lines 3 through 7 8 Total income (loss). Combine lines 3 through 7 8 Salaries and wages (other than to partners) (less employment credits) 9 Salaries and wages (other than to partners) (less employment credits) 10 Guaranteed payments to partners 11 Repairs and maintenance 12 Bad debts 13 Rent 14 Taxes and licenses 15 Interest 16a Depreciation (if required, attach Form 4562) 1 Interest 1 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs 20 Other deductions. Add the amounts shown in the far right column for lines 9 through 20 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 1 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Preparer's 1 Preparer's 1 Preparer's 1 Preparer's 1 Signature 1 Preparer's 1 Preparer's signature 1 Preparer's sund (or complete. Declaration of preparer (other than general partner or limited liability company member manager) 2 Preparer's signature 2 Preparer's signature 3 Preparer's signature 4 Preparer's signature 5 Preparer's signature 5 Preparer's sund (or complete. Declaration of preparer (other than general partner or limited liability company member manager) 1 Preparer's signature 1 Preparer's signature 1 Preparer's sund (or carrie	a)	1								2		
Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 7 Other income (loss). Combine lines 3 through 7 8 Total income (loss). Combine lines 3 through 7 8 Salaries and wages (other than to partners) (less employment credits) 9 Salaries and wages (other than to partners) (less employment credits) 10 Guaranteed payments to partners 11 Repairs and maintenance 12 Bad debts 13 Rent 14 Taxes and licenses 15 Interest 16a Depreciation (if required, attach Form 4562) 1 Interest 1 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs 20 Other deductions. Add the amounts shown in the far right column for lines 9 through 20 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 1 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Preparer's 1 Preparer's 1 Preparer's 1 Preparer's 1 Signature 1 Preparer's 1 Preparer's signature 1 Preparer's sund (or complete. Declaration of preparer (other than general partner or limited liability company member manager) 2 Preparer's signature 2 Preparer's signature 3 Preparer's signature 4 Preparer's signature 5 Preparer's signature 5 Preparer's sund (or complete. Declaration of preparer (other than general partner or limited liability company member manager) 1 Preparer's signature 1 Preparer's signature 1 Preparer's sund (or carrie	Ĕ	3								3		
Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 7 Other income (loss). Combine lines 3 through 7 8 Total income (loss). Combine lines 3 through 7 8 Salaries and wages (other than to partners) (less employment credits) 9 Salaries and wages (other than to partners) (less employment credits) 10 Guaranteed payments to partners 11 Repairs and maintenance 12 Bad debts 13 Rent 14 Taxes and licenses 15 Interest 16a Depreciation (if required, attach Form 4562) 1 Interest 1 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs 20 Other deductions. Add the amounts shown in the far right column for lines 9 through 20 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 1 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Preparer's 1 Preparer's 1 Preparer's 1 Preparer's 1 Signature 1 Preparer's 1 Preparer's signature 1 Preparer's sund (or complete. Declaration of preparer (other than general partner or limited liability company member manager) 2 Preparer's signature 2 Preparer's signature 3 Preparer's signature 4 Preparer's signature 5 Preparer's signature 5 Preparer's sund (or complete. Declaration of preparer (other than general partner or limited liability company member manager) 1 Preparer's signature 1 Preparer's signature 1 Preparer's sund (or carrie	S	4	Ordinary	income ((loss) from other pa	artnerships, estates, a	and trus	its <i>(attacl</i>	n statement)	4	131,018	
Other income (loss) (attach statement) Total income (loss). Combine lines 3 through 7 Salaries and wages (other than to partners) (less employment credits) Salaries and wages (other than to partners) (less employment credits) Salaries and wages (other than to partners) Guaranteed payments to partners 10 Guaranteed payments to partners 11 Repairs and maintenance 12 Bad debts 13 Rent 14 Taxes and licenses 14 Taxes and licenses 15 Interest 16a Depreciation (if required, attach Form 4562) Less depreciation reported on Schedule A and elsewhere on return Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions. Add the amounts shown in the far right column for lines 9 through 20. 17 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. Sign Here Preparer's Sign Preparer's Signature Firm's name (or yours if self-employed) Phone no.	<u>ء</u> َ	5	Net farm	profit (lo	ss) (attach Schedu		_					
8 Total income (loss). Combine lines 3 through 7 8 174,562 9 Salaries and wages (other than to partners) (less employment credits) 10 Guaranteed payments to partners 11 Repairs and maintenance 12 Bad debts 13 Rent 14 Taxes and licenses 15 Interest 16a Depreciation (if required, attach Form 4562) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions (attach statement) Total deductions, Add the amounts shown in the far right column for lines 9 through 20 20 1,417 21 Ordinary business income (loss). Subtract line 21 from line 8 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Preparer's Use Only Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's SSN or PTIN Phone no.		6	Net gain	(loss) fro	m Form 4797, Parl							
Solaries and wages (other than to partners) (less employment credits) 9 10 10 11 11 11 12 12 11 11		1	Other inc	ome (los	43,544							
9 Salaries and wages (other than to partners) (less employment credits) 9 Interest 12		8	Total inc	ome (lo:	ss). Combine lines	3 through 7				8	174,562	
Depletion (Do not deduct oil and gas depletion.) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions (attach statement) Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 19 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 10 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Signature of general partner or limited liability company member manager Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed Preparer's SSN or PTIN EIN Preparer's SSN or PTIN EIN Phone no.	us)	9								9		
Depletion (Do not deduct oil and gas depletion.) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions (attach statement) Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 19 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 10 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Paid Preparer's signature of general partner or limited liability company member manager Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed Preparer's SSN or PTIN EIN Preparer's SSN or PTIN EIN Phone no.	tatio	10	Guarante	ed paym								
Depletion (Do not deduct oil and gas depletion.) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions (attach statement) Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 19 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 10 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Paid Preparer's signature of general partner or limited liability company member manager Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed Preparer's SSN or PTIN EIN Preparer's SSN or PTIN EIN Phone no.	Ē	11										
Depletion (Do not deduct oil and gas depletion.) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions (attach statement) Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 19 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 10 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Paid Preparer's signature of general partner or limited liability company member manager Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed Preparer's SSN or PTIN EIN Preparer's SSN or PTIN EIN Phone no.	s for	12										
Depletion (Do not deduct oil and gas depletion.) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions (attach statement) Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 19 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 10 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Paid Preparer's signature of general partner or limited liability company member manager Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed Preparer's SSN or PTIN EIN Preparer's SSN or PTIN EIN Phone no.	ţoŭ	13										
Depletion (Do not deduct oil and gas depletion.) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions (attach statement) Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 19 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 10 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Paid Preparer's signature of general partner or limited liability company member manager Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed Preparer's SSN or PTIN EIN Preparer's SSN or PTIN EIN Phone no.	truc	14										
Depletion (Do not deduct oil and gas depletion.) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions (attach statement) Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 19 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 10 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Paid Preparer's signature of general partner or limited liability company member manager Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed Preparer's SSN or PTIN EIN Preparer's SSN or PTIN EIN Phone no.	S.	15					• •					
Depletion (Do not deduct oil and gas depletion.) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc. 19 Employee benefit programs Other deductions (attach statement) Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 19 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. 10 Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) Paid Preparer's signature of general partner or limited liability company member manager Preparer's signature Preparer's signature Preparer's signature Preparer's signature Date Check if self- employed Preparer's SSN or PTIN EIN Preparer's SSN or PTIN EIN Phone no.	the	1			auired attach Fori	n 4562)		160		13		
Paid Preparer's Use Only Depletion (Do not deduct oil and gas depletion.) 17 Depletion (Do not deduct oil and gas depletion.) 18 Retirement plans, etc	es)	1 -								40-		
The trieffich plants, etc. 19 Employee benefit programs	ý	1	Denletion	(Do not	t deduct oil and a	as depletion	cum			-		
19	<u>6</u>					as acpicuoinj						
Ordinary business income (loss). Subtract line 21 from line 8	댪	,										
Ordinary business income (loss). Subtract line 21 from line 8	ᇴ	1									4 447	
Ordinary business income (loss). Subtract line 21 from line 8	۵	1					 ht colur	nn for lin	es 9 through 20			
Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? ✓ Yes ✓ No Paid Preparer's Signature Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed), address, and ZIP code Phone no.		22							oo o anough 20.			+
Here Signature of general partner or limited liability company member manager Date	Ci-		Under p	enalties of ige and bel	perjury, I declare that I I ief, it is true, correct, an	nave examined this return, d complete. Declaration of	includina	accompany (other than	ring schedules and state general partner or limite	ements a	nd to the hest of my	
Paid Preparer's signature Preparer's SIN or PTIN Check if self- employed ▶ Firm's name (or yours if self-employed), address, and ZIP code Preparer's SSN or PTIN EIN ▶ Phone no.	_		is based	on all info	rmation of which prepar	er has any knowledge.				M	ay the IRS discuss this return eparer shown below (see	with the
Signature Signature Check if	Daid									Pre	enarer's SSN or PTIN	
Use Only yours if self-employed), address, and ZIP code Phone no.			signature						t .		Spara 3 3014 OF FIN	
address, and ZIP code Phone no.	•		11111113118				<u> </u>		sen- employed ►	<u> </u>		
Priorie iio.	Use	Unly								i		
	For P	rivacy /				e, see separate instru	ctions	······	Cat. No. 113907	rnone n		(2009)

	05 (2009)					Page 2
Sch	edule A Cost of Goods Sold (see the instruction	tions)		· · · · · · · · · · · · · · · · · · ·		
1					1	
2	Purchases less cost of items withdrawn for personal use				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)			Ş[4	
5	Other costs (attach statement)			À [5	
6	Total. Add lines 1 through 5		(C.N)	:Ø □	6	
7	Inventory at end of year		5.7% 2.53		7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here	<i>f</i> .	and the same and t		8	
9a	Check all methods used for valuing closing inventory:		5)			
	(i) Cost as described in Regulations section 1.4713			がシング		
	(ii) Lower of cost or market as described in Regulation		4			
	(iii) Other (specify method used and attach explanation					
b	Check this box if there was a writedown of "subnormal" go	Caratri	ed in Regulations s	ection 1 471-	2(c) >	. 🗆
c	Check this box if the LIFO inventory method was adopted	this tax vear for	any goods life the	ked attach Fi	$2(0)$ \triangleright	. 🗖
d	Do the rules of section 263A (for property produced or acq	uired for resale)	annivito the partn	ershin?	Ye :	s 🗌 No
e	Was there any change in determining quantities, cost, or vi					
·	If "Yes," attach explanation.	aluations between	opening and cic	Sing inventor	у: ште	S LINU
Sch	edule B Other Information					
1	What type of entity is filing this return? Check the applic	cable boy:				Van Na
a		320	ad partnarahin			Yes No
			ed parmership ed liability partner	ahin		
C		Other ►	so nability partner	snip		
e			aliana a anala aliana di		-1.7. 2. 1. 12	148 127 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	At any time during the tax year, was any partner in the					
	an entity treated as a partnership), a trust, an S corpora or a nominee or similar person?			ate of a dece	ased partner),	1
_	•					
3	At the end of the tax year:					od series
а	Did any foreign or domestic corporation, partnership (
	exempt organization own, directly or indirectly, an int					
	partnership? For rules of constructive ownership, see	instructions. If	"Yes," attach Sci	nedule B-1, l	information on	
	Partners Owning 50% or More of the Partnership .					
b	Did any individual or estate own, directly or indirectly,	an interest of	50% or more in t	ne profit, los:	s, or capital of	
	the partnership? For rules of constructive ownership, s	see instructions	s. If "Yes," attach	Schedule B-	1, Information	✓
	on Partners Owning 50% or More of the Partnership					
4	At the end of the tax year, did the partnership:					14.
а	Own directly 20% or more, or own, directly or indirect	tly, 50% or mo	re of the total vot	ing power o	fall classes of	100
	stock entitled to vote of any foreign or domestic	corporation?	For rules of co	nstructive o	wnership, see	
	instructions. If "Yes," complete (i) through (iv) below.			<u> </u>		✓
	(i) Name of Corporation		Identification	(iii) Country of		centage in Voting
		Numbe	er (if any)	Incorporation		ock
b	Own directly an interest of 20% or more, or own, directly	ly or indirectly,	an interest of 50%	or more in	the profit, loss,	
	or capital in any foreign or domestic partnership (inclu	iding an entity	treated as a parti	nership) or in	the beneficial	
	interest of a trust? For rules of constructive ownership, s	see instructions.	If "Yes," complet	e (i) through (v) below	
	(i) Name of Entity	(ii) Employer	(iii) Type of	(iv) Countr	y of (v) !	Maximum
		Identification Number (if any)	Entity	Organizat		age Owned in oss, or Capital
		·//			170111, 20	, or oupital
				L		

Form	1065	(2009)

Page 3

		Yes	No
5	Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for		
	more details		1
6	Does the partnership satisfy all four of the following conditions?	Prog. 3	<u> </u>
а	The partnership's total receipts for the tax year were less than \$250,000.		
b	The partnership's total assets at the end of the tax year were less than \$1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including		
	extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3	✓	
	If "Yes," the partnership is not required to complete Schedules L. M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)?(. \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\	Solomon Ukat. ***	/
8	During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		✓
9	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		✓
10	At any time during calendar year 2009, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country.		
11	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		
12a b	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election. Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions	***	√ ✓
С	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions.		√
13	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year)		
14	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		✓
15	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		1
17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached		
	to this return.		
Enter b Name design			
TMP If the T	MP is an number of TMP		
entity, of TMF	name Phone number of TMP		
Addres design			
TMP	<u> </u>		

Sche	dule K	Partners' Distributive Share Items		Total amount
	1	Ordinary business income (loss) (page 1, line 22)	1	173,145
	2	Net rental real estate income (loss) (attach Form 8825)	2	83,631
	3a	Other gross rental income (loss)	10 m (10 m)	
	b	Expenses from other rental activities (attach statement) . 3b		
	С	Other net rental income (loss). Subtract line 3b from line 3a	3с	
(S	4	Guaranteed payments	4	12,000
Income (Loss)	5	Interest income	5	1,089
5	6	Dividends: a Ordinary dividends	6a	650
ã		b Qualified dividends	. 4	
Ö	7	Royalties	7	
으	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	∕ 8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	6,440
	b	Collectibles (28%) gain (loss)		
	С	Unrecaptured section 1250 gain (attach statement) 9c//		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type	11	
IS.	12	Section 179 deduction (attach Form 4562)	12	
<u> </u>	13a	Contributions	13a	
S	b	Investment interest expense	13b	
Deductions	С		13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	
<u>.</u>	14a	Net earnings (loss) from self-employment	14a	12,424
Self- Employ- ment	b	Gross farming or fishing income	14b	
		Gross nonfarm income	14c	
its	15a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
Credits	d	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
ວັ	1	Other rental real estate credits (see instructions) Type	15d	
	e	Other rental credits (see instructions) Other credits (see instructions) Type ▶	15e	
	16a	Other credits (see instructions) Name of country or U.S. possession ►	15f	
	b	Gross income from all sources	16h	
JIS	C	Gross income sourced at partner level	16b 16c	
엹		Foreign gross income sourced at partnership level	100	
Transactions	d	Passive category ► e General category ► f Other ►	16f	
Ë		Deductions allocated and apportioned at partner level		
Ë	g	Interest expense ► h Other	16h	
E E		Deductions allocated and apportioned at partnership level to foreign source income	17	
. <u>ē</u>	i	Passive category ▶ j General category ▶ k Other ▶	16k	
Foreign	i	Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	161	
	m	Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)	5 14	基本条件
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	
Alternative Minimum Ta	b	Adjusted gain or loss	17b	
ושני דייין דיייי	C	Depletion (other than oil and gas)	17c	
불등로	ď	Oil, gas, and geothermal properties—gross income	17d	
A E	e	Oil, gas, and geothermal properties—deductions	17e	
****	18a	Other AMT items (attach statement)	17f	
Other Information	b	Tax-exempt interest income	18a	
lat	C	Nondeductible expenses	18b	22 002
Ĕ	19a	Distributions of cash and marketable securities	18c	23,902 138,000
пfc	b	Distributions of other property	19a 19b	130,000
7	20a	Investment income	20a	1,739
₹	b	Investment expenses	20b	1,700
	С	Other items and amounts (attach statement)		0.000

Analy	sis of Net Incon	ne (Loss)								
1	Net income (loss). Schedule K. lines	. Combine Schedule h	K, lines 1	through	11. From 1	the res	ult, subtract t	he sum of	1	
2	Analysis by partner type:	(i) Corporate	(ii) Indiv	vidual	(iii) Indivi	dual	(iv) Partners	် hin (v)	Exempt anization	(vi) Nominee/Other
а	General partners			14,652	***************************************					
	Limited partners				2	62,303	(1 N)	\		
		lance Sheets per E	ooks	T	Beginning	of tax	year	T 1	End of	tax year
		Assets			(a)	15-	(b)	(c	:)	(d)
1	Cash				20-52		/ 18,430)		134,685
2a	Trade notes and a	accounts receivable.						$\sum_{i} \sum_{j} A_{ij}$	A	
b	Less allowance fo	or bad debts	🦠		<u>VI</u>	4		7775	7	
3	Inventories						- ((<i>XX</i>)			
4	U.S. government	obligations					<u> </u>		1. July 4.5	
5	Tax-exempt secur	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	`. <i>& J</i>			K			47.3	
6		ets (attách statement)	· •						1	
7	Mortgage and rea	10.1 2002	i i		1501	1/7	<u> </u>			
8		s (attach statement) .			ře.		40,549		-11-10	47,517
9a	_	er depreciable assets			1,517,13				1,517,131	\$4E. # .
b	Less accumulated	ACANG SE	, '(\ /4		1,093,37	2	423,759	3	1,162,238	354,893
10a	Depletable assets	\$11.77						}		XX.
b	Less accumulated	, and a second				£	E40.000			540,000
11 12a	Land (net of any a Intangible assets	· 1000	57 ·				510,000			510,000
b	Less accumulated					-		8.		
13	Other assets (atta					N.	499,211	Figure 100		551,467
14	Total assets						1,491,949			1,598,562
• •		es and Capital	• •							1,030,002
15		· ·								
16		onds payable in less that								
17		ilities (attach statemer					21,500			21,500
18		oans		10.0° E.						
19	Mortgages, notes, t	oonds payable in 1 year	or more	5.57			410,600			357,166
20		ttach statement)								
21	Partners' capital a	accounts			65 165		1,059,843			1,219,896
22	Total liabilities and		•				1,491,949			1,598,562
Sch		Reconciliation of In							turn	
		lote. Schedule M-3 m								
1	Net income (loss)	per books		241,0	53 6 I	ncome i	recorded on boo	ks this year n	ot included	1
2		Schedule K, lines 1, 2, 3c			(on Sche	dule K, lines 1 th	rough 11 (iterr	nize):	\ \
	books this year (item	and 11, not recorded or ize):			a		empt interest	\$		-
3		ments (other than	·				ions included			
_	•		-	12,0			ugh 13d, an			³
4		ed on books this year Schedule K, lines 1					book income			
	through 13d, and	•	İ		a	Jepred	iation \$			-
а		,			-					
b	Travel and enterta	ainment \$	·				0 1 7			
	. ravor and enterte		1	23,9			es 6 and 7 . (loss) (Anal			
5	Add lines 1 through	gh 4	-	276,9			line 1). Subtra			1
	edule M-2 A	nalysis of Partners	' Capit				,, Gabii ai			276,955
1		ning of year		1,059,8		Distrib	utions: a Cas	——————————————————————————————————————		138,000
2		ed: a Cash	 	57,0		-13tl IDE		perty		
_	.,	b Property		2.,0		Other o	lecreases (ite			
3	Net income (loss)	per books		241,0						1
4	Other increases (in	temize):			┪ -					
-					8 7	Add lin	es 6 and 7 .			
5		gh 4		1,357,8			at end of year. S			

SCHEDULE D (Form 1065)

Name of partnership

Capital Gains and Losses

OMB No. 1545-0099

2009

Department of the Treasury Internal Revenue Service ▶ Attach to Form 1065. ▶ See separate instructions.
 ▶ Use Schedule D-1 to list additional transactions for lines 1 and 7.

Deady Family Limited Partnership

Employer identification number

Dog	The Chart Tarres Carries	10-:		-110 V			
Par	Short-Term Capita (a) Description of property	al Gains and Los	SSES—ASSETS H	eld One Year or I	.		
	(Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other I (see instruction		(f) Gain or (loss) Subtract (e) from (d)
1			A A				
						9	
	7						
							7.750
2	Enter short-term capital	gain or (loss), if an	v. from Schedule [D-1. line 2		2	
3	Short-term capital gain fr						
Ŭ	Chort-term capital gain in	rom matamment sa	ies itom i omi ozo	12, IIII e 20 01 37		3	
4	Short-term capital gain (I	oss) from like-kind	d exchanges from	Form 8824		4	
5	Partnership's share of n term capital gains (losses				located short-	5	
6	Net short-term capital on Form 1065, Schedule	gain or (loss). Co K, line 8 or 11	mbine lines 1 thro	ugh 5 in column (f).	Enter here and	6	
Part	Long-Term Capita	I Gains and Los	ses-Assets H	eld More Than O	ne Year	<u> </u>	
	(a) Description of property (Example: 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other to (see instruction		(f) Gain or (loss) Subtract (e) from (d)
7 1,	000 Shares Stock	01/01/05	12/31/09	37,148	3	0,708	6,440
8	Enter long-term gain or (I	oss), if any, from S	Schedule D-1, line	8		8	
9	Long-term capital gain fro					9	
10	Long-term capital gain (lo					10	
11	Partnership's share of ne capital gains (losses), from	et long-term capita m other partnersh	al gain (loss), including ips, estates, and to	ding specially alloca rusts	ted long-term	11	
12	Capital gain distributions					12	
13	Net long-term capital of	gain or (loss). Co	ombine lines 7 thr	ough 12 in column	(f). Enter here		
	and on Form 1065, Sche	dule Kiline 9a or 1	11			13	6,440

					Final K	Lune I		OMB No. 1545-0099
	edule K-1		2009	Pa	MILE PROPERTY AND ADDRESS OF THE PARTY OF TH	B 3 * 50°	and the part of the con-	rrent Year Income,
(For	m 1065)		<u> </u>			Deductions, Cred	lits, a	and Other Items
	rtment of the Treasury al Revenue Service	For calenda	r year 2009, or tax	1	Ordinary	business income (loss)	15	Credits
mem	ai nevenue Service		ing, 2009		· ·	1,731		de management of the second
		ending	, 20	2	Net renta	I real estate income (loss)		*
Par	tner's Share of Inc	come, Deduc	tions,			837	+	<u>.</u>
Cre	dits, etc.	► See back of form	and separate instructions.	3	Other ne	t rental income (loss)	16	Foreign transactions
2	art I Information A	About the Part	nership	4	Guarante	eed payments	1	Ext. Consider an extension of
Α	Partnership's employer identi					12,000		
Î	rattleiship's employer identi	ilication number		5	Interest i		$\downarrow \setminus \setminus$	
В	Partnership's name, address,	city, state, and ZIP co	ode S			1 11		
	Deady Family Partnershi	р		6a	Ordinary	dividends \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	1046 East Broadway				a (C	7	<u> </u>	
	Helena, Montana 59601			6b	Qualified	dividends		
		* [64 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<u> </u>		-	· · · · · · · · · · · · · · · · · · ·
ļ		\\!}-] 🗷	Royalties	<i>Y</i> **		***************************************
C	IRS Center where partnership Ogden, Utah	filed return		8	Not shor	t-term capital gain (loss)	┪┈┈┈	Magnetic and the second
D	Check if this is a publicly	traded partnership (P	OTD)	1	Net siloi	t-term capital gail (1033)		
֡֡֞֞֞֡֞֡֡֡֡֡֡	Check it this is a publicly	traded partnership to		9a	Net long	term capital gain (loss)	17	Alternative minimum tax (AMT) items
Р	art II Information	About the Part	ner			64.	1	1
E	Partner's identifying number	To the second se	N_9	9b	Collectib	les (28%) gain (loss)		
								3
F	Partner's name, address, city	, state, and ZIP code		9с	Unrecap	tured section 1250 gain		
	Connie Deady			ļ	1			
	1046 East Broadway Helena, Montana 59601			10	Net sect	ion 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
	neiena, wontana 55001			<u> </u>			С	
				11	Other inc	come (loss)	e de camación do como se supor	238
G	✓ General partner or LLC	Limite		torn mar.		a V V Planton del cual como additivo como como como como como como como co	-	
"	member-manager	membe	d partner or other LLC er					The state of the s
н	✓ Domestic partner	☐ Foreign	n partner	ANT CONTRACTOR		WATER AND THE THREE PARTY OF THE PARTY OF TH	1	
	·	J		ŀ			19	Distributions
ı	What type of entity is this par	tner? Indiv	idual	12	Section	179 deduction	Α	6,000
J	Partner's share of profit, loss,	and capital (see instr	ructions):					The state of the s
	Beginning		Ending	13	Other de	ductions		
	17011	0000000 %	1.0000000 %	Marie de Antonio de An			20	Other information
		0000000 %	1.0000000 %				A	17
	Capital 0.8	8888888 %	0.8888888 %	***************************************		and the supportant of the support of		en francisco de la companya della companya della companya de la companya della co
ĸ	Partner's share of liabilities at	vear end:						
ļ .	Nonrecourse	•		14	Self-emp	ployment earnings (loss)		
	Qualified nonrecourse financia			A		12,424	i I	
	Recourse	\$	357,166					
		· - ·		 				
L	Partner's capital account ana	•	4.700	*Se	e attach	ned statement for ad	dition	al information.
	Beginning capital account . Capital contributed during the		4,762 12.000					
	Current year increase (decrea		2,414					
	Withdrawals & distributions		6,000)	<u>≥</u>				
	Ending capital account		13,176	For IRS Use Only				
				Jse				
	☑ Tax basis ☐ G	AAP Secti	ion 704(b) book	S				
1	Other (explain)			=				
				_E				
М	Did the partner contribute pro		gain or loss?					
	☐ Yes ☐ N							
ı	If "Yes", attach statemen	t (see instructions)		ı				

				Ε	Final K-	1	Amende	d K-1	OMB No. 1545	-0099
Schedule K-1			2009	Pa	art III 🧸	Partner's	Share o	f Cu	rrent Year Income,	
(Form 1065)			<u> </u>			Deduction	ns, Cred	its, a	ind Other Items	*
Department of the Treasur	у	For calendar year	ar 2009, or tax	1	Ordinary	business inco	me (loss)	15	Credits	
Internal Revenue Service			, 2009		·		<i>∕</i> ≥57,138		6	
			, 20	2	Net renta	l real estate in	C. 1811/6			
Partner's Share	of Income	, Deductio	ns,	-	Oth		27,598	 	Forder Annual Property	
Credits, etc.	► See I	ack of form and	separate instructions.	3	Other net	t rental incom	e (loss)	16	Foreign transactions	
Part I Inform	nation About	the Partner	rship	4	Guarante	ed payments	<i>/</i>			
A Partnership's emple			4.5		C^{\prime})	60	1		
	,		AAA	65 ^	Interest in	ncome	(A & C)	24)	•	
B Partnership's name	, address, city, sta	ate, and ZIP code			Y		359	[-]		
Deady Family Pa	•			6a	Ordinary	dividends	$(U)_{j}$	***************************************		
1046 East Broad Helena, Montana	•	二			18 (4)	dividends	215			
110.0114, 11.01144114				6b	Qualified	dividends	y'			
		/ 房 /	a f	7	Royalties	and the second				
C IRS Center where p	partnership filed re	num /) V					
Ogden, Utah	and the second		A B	8	Net short	t-term capital	gain (loss)		÷	
D Check if this is	a publicly traded	partnership (PTP)		5						
				9a	Net long-	term capital		1	Alternative minimum tax (AMT)	items
Part II Inform	nation About	the Partner					2,125			
E Partner's identifying	g number	1033	7	9b	Collectib	les (28%) gai	n (loss)		1	
F Partner's name, ad				9c	Uprecant	tured section	1250 gain		· · · · · · · · · · · · · · · · · · ·	* : **********
F Partner's name, ad Walter Deady	dress, city, state,	and ZIP code		"	Onlecapi	idied section	1230 gain		5	
1046 East Broad	iway			10	Net secti	on 1231 gain	(loss)	18	Tax-exempt income and	
Helena, Montan	a 59601				*	ŭ	,		nondeductible expenses	
				11	Other inc	ome (loss)		С	7	,888,
							THE THE COURS SECURE SECURE SERVICES		The second secon	
G General partne member-mana		Limited par member	tner or other LLC	1	-					
	-			MONTO MARCHANIA	-					
H ✓ Domestic partr	ner		tner	1	1			19	Distributions	
! What type of entity	is this partner?	ndividual		12	Section 1	179 deduction		A		,000
J Partner's share of p	_		ons):							,
Be	ginning	· .	Ending	13	Other de	ductions				
Profit	33.000000		33.0000000 %	-				20	Other information	
Loss	33.000000		33.0000000 %					A		574
Capital	33.000000	4 %	33.0000004 %			nii 1984 oʻzin colon a tabbina normani martini	**************************************		The second section of the second seco	
K Partner's share of li	abilities at very su	٠.								
Nonrecourse .	•	\$		14	Self-emp	loyment earn	inas (loss)	ACA TANKINGA MINIST	William Co. Commission of the	
Qualified nonrecour		\$,				
Recourse		\$	357,166	one on the second		THE STATE OF THE S		**************	Section (Control of the Arian Arian Arian)	

L Partner's capital ac	•			*Se	e attach	ed statem	ent for add	litiona	al information.	
Beginning capital a		\$								
Capital contributed Current year increas		\$	45,000 79,547							
Withdrawals & distr		\$		<u> </u>						
Ending capital acco		\$	402,240	δ						
				Jse						
	☐ GAAP	Section 7	'04(b) book	SS (
Other (explain)				For IRS Use Only						
				ਨੂ						
M Did the partner con Yes	itribute property w	ith a built-in gain o	or loss?							
	No statement (see in	nstructions)								

					Final K-	1	Amended	l K-1	OMB No. 1545-0099
	nedule K-1		2009	Pa	irt III	Partner	's Share o	f Cui	rent Year Income,
(Fo	rm 1065)		<u> </u>		1.1	Deduct	ions, Cred	its, a	ind Other Items
Depa	rtment of the Treasury	For calenda	ar year 2009, or tax	1	Ordinary	business in	come (loss)	15	Credits
Interr	nal Revenue Service	year beginn	ning, 2009				- />57,138		
		ending		2	Net renta	l real estate	income (loss)		· · · · · · · · · · · · · · · · · · ·
Pai	rtner's Share of Inc	ome Deduc	tions			/	27,598		
		•	· •	3	Other net	t rental inco	me (loss)	16	Foreign transactions
CIE			and separate instructions.		<	11	ジュー		
F	Part I Information A	bout the Part	mership	4	Guarante	ed paymen	ts		
Α	Partnership's employer identifi	cation number			12	1	\mathcal{L}^{2}	1)	
			a Aa s	5	Interest i	ncome	(2)		
В	Partnership's name, address, o	city, state, and ZIP of	ode ()				359	IJ	
	Deady Family Partnership			6a	Ordinary	dividends		1000	2 3 4
	1046 East Broadway				06	116	215		
	Helena, Montana 59601			6b	Qualified	dividends	2		
		- ($-\sqrt{1}$	1 [2]				
L				7	Royalties	S-American Company			> }
c	IRS Center where partnership	filed return			DY_			ļ	(
	Ogden, Utah			8	Net short	t-term capit	al gain (loss)		
D	Check if this is a publicly t	raded partnership (F	etb) (L	1				
				9a	Net long-	-term capita	ıl gain (loss)	17	Alternative minimum tax (AMT) items
نال	Part II Information A	bout the Parl	tner				2,125	ļ	/ } }
E	Partner's identifying number	1	Y	9b	Collectib	les (28%) g	ain (loss)		
			1700 C C C C C C C C C C C C C C C C C C						
F	Partner's name, address, city,	state, and ZIP code)	9c	Unrecap	tured section	n 1250 gain		
	Sharla Deady			L	1				
ĺ	13300 125th Avenue NE	024		10	Net secti	ion 1231 ga	in (loss)	18	Tax-exempt income and nondeductible expenses
	Kirkland, Washington 98	U34		<u> </u>	3			С	nondeductible expenses
				11	Other inc	come (loss)			7,888
_					ļ				***************************************
G	General partner or LLC member-manager	Limited memb	d partner or other LLC					********	
		_							**************************************
н	✓ Domestic partner	☐ Foreig	n partner						
				<u> </u>				19	Distributions
	What type of entity is this partr			12	Section 1	179 deducti	on	A	34,000
J	Partner's share of profit, loss,	and capital (see inst	•	<u> </u>					Option Description
	Beginning		Ending	13	Other de	ductions		<u> </u>	-
		000000 %	33.0000000 %		1			20	Other information
1		000000 %	33.0000000 %]				Α	574
	Capital 33.0	000004 %	33.0000004 %	Marketon Comprised and				and the state of t	
,	Destructe above of the little control								· very
K	Partner's share of liabilities at y Nonrecourse	_		14	Self-emr	Novment ea	mings (loss)		
	Qualified nonrecourse financin			''	Con Citip	oloymont ca	minga (iosa)		1 8
	Recourse	9 · • · · \$			1		- Commence of the Commence of	*************	
	1100001100	· · • ——							A A POTOS A A A POTOS
L	Partner's capital account analy	ucic:		*\$6	e attach	ned state	ment for ado	lition	al information.
-	Beginning capital account analy	•	356,694	\vdash	oc attaci	ieu state	nent for auc	1160116	ai illioittiation.
	Capital contributed during the								
	Current year increase (decreas	-	79,546	ŀ					
	Withdrawals & distributions		34,000)	≥					
	Ending capital account	\$	402,240	Ŏ					
		·		Jse					
	☑ Tax basis ☐ GA	AP Sec	tion 704(b) book	For IRS Use Only					
	Other (explain)		• •	<u> </u>					
	· · ·			Į Ž					
м	Did the partner contribute prop	perty with a built-in	gain or loss?						
	Yes No	· -							
	If "Yes", attach statement	(see instructions)		L					

					Final K-		Amended		OMB No. 1545-0099	
Schedule K-1 2009		<u> </u>	∏ Pa	ort III 🗐	Partner'	s Share o	f Cu	rrent Year Income,		
(Foi	rm 1065)		<u> </u>	Deductions, Credits, and Other Items						
	rtment of the Treasury	For calen	dar year 2009, or tax	1		business inc		1	Credits	
Intern	al Revenue Service	year begi	nning, 2009				57,138		·	
			ng, 20	2	Net rental	l real estate	income (loss)			
Dar	tner's Share of Inc						27,598			
		•	•	3	Other net	t rental incon	ne (loss)	16	Foreign transactions	
	,		m and separate instructions.		· //>	E	<i>y</i>			
j	Part I Information A	About the Pa	rtnership	4	Guarante	ed payment	š	u.	Commence of the control of the contr	
Α	Partnership's employer identi	fication number		95	12)	6			
	·			/5 ^	Interest ir	ncome	(JA)	水 (The state of the s	
В	Partnership's name, address,	city, state, and ZIF	code		<i>J</i> ~		359	$\sim_{\mathbb{Z}}$		
	Deady Family Partnership	р		6a	Ordinary	dividends				
	1046 East Broadway					(1 / L)	215		•	
	Helena, Montana 59601			6b	Qualified	dividends	1		:	
		E 77			1	4		ļ	· 	
		- \\ \\		7	Royalties	Service Servic			i	
С	IRS Center where partnership	filed return		of Sand	<i>y</i>				4 4	
	Ogden, Utah	<u> </u>		8	Net short	t-term capita	l gain (loss)			
Đ	Check if this is a publicly	traded partnership	(PTP)	<u> </u>	7				· · · · · · · · · · · · · · · · · · ·	
	eri-II Information /	Laut the De		9a	Net long-	term capital		17	Alternative minimum tax (AMT) items	
	art II Information A	About the Fa	rtner)	(2004)	2,125		V - 1980	
E	Partner's identifying number			9b	Collectibi	les (28%) ga	in (loss)			
<u> </u>				1	Unanant		1050 main		Andrews	
F	Partner's name, address, city.	, state, and ∠IP cod	de	9c	Unrecapi	tured section	1250 gam			
	Jeffrey Deady 1053 Rickenbacker Street	•		10	Not section	on 1231 gair	(loca)	18	T-v avanut income and	
	San Jose, California 951:			'	Met secu	On izər yan	i (luss)	10	Tax-exempt income and nondeductible expenses	
	•			11	Other inc	ome (loss)		С		
				''	Other mo	Ome (loss)		****************	7,888	
G	General partner or LLC	√ Limit	ed partner or other LLC	TA CESSON OF THE PARTY					·	
-	member-manager	mem							Antonio contra propertica (1920) - 1921 - 1921 - 1922 - 19	
н	✓ Domestic partner	☐ Fore	gn partner		<u> </u>	THE RESERVE OF SHIPS, SHIPS SHAPE AND ADMITTAL SHIP OF SHIPS SHIPS AND ADMITTAL SHIPS AND				
•			gii partiici		1			19	Distributions	
ı	What type of entity is this part	ner? Individual		12	Section 1	79 deductio	n	A	34.000	
J	Partner's share of profit, loss,		structions):				"			
	Beginning	una sup (Ending	13	Other dec	ductions				
	Profit 33.0	000000 %	33.0000000 %		**************************************			20	Other information	
	Loss 33.0	000000 %	33.0000000 %		•	National Control of the State o				
		000004 %	33.0000004 %					A	574	
				***************************************		A CHARLES AND		-	A CANADA	
κ	Partner's share of liabilities at	year end:								
	Nonrecourse			14	Self-empl	loyment earr	nings (loss)		PORTON DESCRIPTION DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DELA COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DEL COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA DEL COMPANSA DE LA COMPANSA DEL	
	Qualified nonrecourse financing			l						
	Recourse	\$				Old - Million			A ANTHONY OF THE PROPERTY OF T	
				<u> </u>						
L	Partner's capital account anal	•		*Se	e attach	ed statem	ent for add	itiona	al information.	
	Beginning capital account	· 		<u> </u>				_		
	Capital contributed during the			ļ						
	Current year increase (decreas		79,546							
	Withdrawals & distributions		34,000)	For IRS Use Only						
	Ending capital account	\$	402,240	l g						
	П П.			<u>ຶ</u>						
	✓ Tax basis ☐ GA	VAP L_JSe	ction 704(b) book	\ \ \						
	Other (explain)			=						
				L L						
М	Did the partner contribute pro		gain or loss?							
	∐ Yes ☐ No									
	If "Yes", attach statement	. (see instructions)		ı						